

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044855

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 272 Primary Registration District No. 5403 Registrar's No. 40

STATE FILE NUMBER

FILED DEC 2 1963

1. PLACE OF DEATH a. COUNTY <u>Sumner</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>TENN.</u> b. COUNTY <u>CROCKETT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Stiles, Mo.</u>		Length of stay in 1b <u>2 DAYS</u>	c. CITY OR TOWN <u>BELLS</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>FLORA</u> Middle <u>FRANCES</u> Last <u>GRIFFIN</u>		4. DATE OF DEATH Month <u>11</u> Day <u>19</u> Year <u>63</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/15/85</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>78</u>
11a. FATHER'S NAME <u>J.C. REWELL</u>		11b. MOTHER'S MAIDEN NAME <u>JACKIE ANN ROBERTS</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	17. INFORMANT <u>MARY MCKAY</u> Address <u>STEELE, MO</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>massive coronary thrombosis</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>11-19-63</u> to <u>11-19-63</u> and last saw her alive on <u>11-19-63</u> Death occurred at <u>10:30 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Jerry R. Chapman, M.D.</u> (Degree or title)		22b. ADDRESS <u>Steele, Mo</u>	22c. DATE SIGNED <u>11-19-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>11/20/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BELLEVUE CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>BELLS, TENN.</u>
24. FUNERAL DIRECTOR <u>A.L. RONE</u> ADDRESS <u>BELLS, TENN.</u>		25. DATE RECD. BY LOCAL REG. <u>11-24-63</u>	26. REGISTRAR'S SIGNATURE <u>Ethel Collins</u>

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Permit issued

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ernest S. Edgemon

Licensed Embalmer No. 2880
340 N. Bell
P. O. Address Alamo, Tenn.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.